

Significant Trends Affecting the Education of Blind Children

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"Often the public health nurse, the social worker in a rural area, or the family physician may be the first person to talk to parents (of a blind child) after they become aware of their problem. Frequently, it is the manner in which (these people) talk with these parents that influences their desire to seek and take advantage of specialized help."

✿ All areas of the education of exceptional children are receiving consideration from national public and private organizations. One needs only to examine periodicals from various professional organizations and to observe the content of programs developed for their conventions to be aware of the increased interest in more effective planning for handicapped children. Blind children naturally reflect this increased interest, and certainly profit from all the help gained through cooperative efforts in their behalf. They represent only a small number in the total population of handicapped children.

Those of us who have worked in this small area of education for exceptional children can look upon the last 15 years as the most challenging and perhaps the most far-reaching in their future potential affecting the education of blind children. The American Foundation for the Blind has attempted to meet many of these challenges by combining its research and consultative efforts with the direct service people at the local, state, and national levels. This representative of the foundation considers it an honor to work closely with state and

national professional organizations who request help in their programs planned to enrich the lives of all children. A constructive education for blind children includes all the goals of a good program for so-called "normal" children, plus additional considerations resulting from the fact that these children are blind. This type of education is expensive but, viewed in terms of its relation to the well adjusted and independent functioning of the blind adult, it is a very reasonable expenditure of funds. Our question today is then—what are the trends which should make it possible for us to realize our goals to a greater degree than we have achieved in the past?

There Are More Young Blind Children Known to Schools and Agencies Today

Blindness among infants and very young children is on the increase today, and while we hope for a decrease in the leading cause of blindness among infants, we are faced with the responsibility for the challenge of the present as it is, and the future planning for the blind children and their families as they strive for the best possible total educational goal. The desires of these families for their children should include happiness and comfortable living in their own communities as respected blind adults.

It does not seem necessary to discuss in detail here the possible implications of retrolental fibroplasia, the chief contributing factor to blindness among

some very tiny premature infants.* With much larger numbers of children detected at an earlier age because of retrolental fibroplasia, among other conditions, there are naturally greater problems of an administrative nature in meeting the needs of all the families of these children, but there are also more opportunities for planning effectively a suitable type of service for each child. When it is possible to know the children at an earlier age, and when medical and social service personnel are coordinating their efforts, the amount of vision which the young child has, and its possible use, can be determined much sooner. This means his family can have help in meeting the needs of a child as he is. Parents can be helped to interpret the environment for the young child according to his needs and abilities and through this procedure the early education of the child is actually beginning. Of perhaps the greatest importance, the parents, at a much earlier age for the child, can begin the challenge of accepting their child with his visual handicap. They can then be given more time to explore their feelings. As the child grows in a family which he knows and understands, the parents are also growing in their ability to meet the more important challenge of providing a life of happiness and productivity for their child. This earlier planning involves the community as

well. Thus the family and the citizens achieve the important groundwork which makes for a more constructive approach toward the effective functioning of the future blind adult.

Perhaps our greatest problem in attempting to meet the needs of this large number of very young blind children today can be found in the effect that the numbers may have on us as we see them in our classes and schools. Because there are more of them in a group, we may find it harder to observe each child as an individual. In our concern for this unusual situation and in our concern about possible problems of children being placed all too often in crowded classrooms, we may find it difficult to be as objective as we would like. Our rich experience, it would seem, in this large number of children might be in our desire to find and evaluate other resources, and in our cooperation in more research projects with this larger sampling. The greatest gain of all might come in our own attitudes toward these children and their families as we attempt to work out problems with them, and in our observation of the behavior of a greater number of blind children in different types of family situations.

Constructive Help for Parents of Blind Children

Never has there been a time in our history when parents of handicapped children have shown more desire and more enthusiasm for cooperation in all types of service. Their concern, their search for real and individual answers

* Material concerning retrolental fibroplasia or other causes of blindness among children from the medical, sociologic, psychologic or psychiatric considerations, may be obtained from either the National Society for the Prevention of Blindness, 1790 Broadway, New York, N. Y., or from the American Foundation for the Blind, 15 West 16th St., New York, N. Y. The National Society for the Prevention of Blindness will be primarily helpful in the medical references and in its statistical studies. The foundation will be able to make available its professional library of research studies and other types of reports concerning programs or current projects, particularly of a sociologic or psychologic nature. Since the two organizations maintain a constant referral service, requests if misdirected should eventually reach the correct source of information.

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This paper was presented before the American School Health Association and the Maternal and Child Health, Public Health Nursing, and School Health Sections of the American Public Health Association at the Eighty-Second Annual Meeting in Buffalo, N. Y., October 14, 1954.

to their problems, and their confusion resulting from occasional uninformed counsel, perhaps provide the professional worker today with the greatest challenge that he experiences. If the educational, social work, and medical personnel pause to question the effectiveness of their services, there might be a temptation to question whether or not this great frustration of parents might not be the result of the inadequacy of their service. If this leads to the development of more worth-while services, it can be a healthy type of reaction. In any event, the parents are looking to all of us for help, and those who serve must draw heavily upon their professional skill, their knowledge gained from research, and their cooperation with all other professional services in order to find constructive answers.

Our national organization is attempting to meet the needs of parents of blind children in various ways. First, it attempts to work closely with general and specialized social agencies, hospitals, schools, and various types of private, professional organizations concerned with meeting the needs of parents of the blind. It has developed some professional and some inspirational types of literature with the idea of helping both the parents and their professional workers. It has called national conferences with the hope of clarifying information and developing constructive procedures, and it has supported research and fellowships for students where their study might seem promising in future programs. It has also provided consultative service to organizations and schools set up to meet the needs of blind children. It has developed courses in the preparation of workers for and teachers of young blind children in various colleges and universities throughout the country.

Perhaps the greatest service that can come from a national organization such as ours results from its referral service

in various localities for parents in need of help who do not know where to turn. The large number of letters from parents everywhere provides this organization with written statements of their problems and in many cases their feelings concerning their problems. As our consultants know the various services and develop an active directory of them, parents whom the foundation never has the privilege of knowing are able to find their local resource which is the best and most appropriate for them.

Perhaps the violation of certain basic principles in meeting the needs of children causes the greatest difficulty for the parents. While there are many principles which could be listed, these seem to be the most frequently stated ones by the people who have worked closely with blind children and their parents. It is obvious that many of them reflect general knowledge which has been stated frequently, but all too often may have been forgotten when services have been inaugurated. These seem basic to all programs:

Blind children, as all children, need to be loved, to feel secure in a family setting for as long as possible especially in the early years, and to have an opportunity to grow in an environment which they can understand and appreciate according to their needs and abilities.

Parents of blind children are able to function more effectively if they can have the information concerning their child's eye condition as soon as possible after the physician feels sure that their child will live and grow as a blind child. These parents should then be referred to the best possible source of help as soon as they are able to take advantage of the most appropriate counsel for them.

Services to blind children and their parents seem most effective when set up on an individualized basis in order to determine the needs of the child and his family and in order to provide the necessary amount of time for parents to grow in their own realization of their challenge in providing a happy and useful life for their child.

Agencies and schools serving blind children and their parents should strive to provide per-

sonnel in the counseling service and in all other types of help who are qualified to serve either as social caseworkers or child development specialists, particularly if they are engaged in a continuing direct service contact with the children and their parents. These people should strive for a positive approach to the problems accompanying blindness and should be able to interpret this for the personnel having occasional contacts with the children and their families.

Where parents' groups are organized either by the parents themselves or by the schools or agencies, the professional personnel should be ready and available for counseling and help for these groups when this is desired and needed. Professional people should not let the simple gratitude of the parents mislead them in their judgment of the total value of the group experience for the parents. They should instead attempt to grow in their own abilities to analyze the productivity of the group experience in terms of the individual needs of the parents, and to seek with the parents who need additional help the most appropriate service which seems indicated.

In all of our help to parents, we can strive to be supportive and constructive, recognizing that many times we must look to others for more helpful answers. Perhaps our greatest strength might be in our ability to recognize problems which we cannot solve. Of one thing we are sure—most of the blind children who have had the opportunity to profit from a constructive preschool service are adapting to their school programs with much more progress than was previously true.

Changes in the Patterns in the Education of Blind Children

There are three basic patterns in the education of blind children found in the United States today. These patterns vary one from the other, and each varies greatly as it is functioning in different localities. Some of the present situations are pointed out here in the hope of providing a picture for the people outside the area of the education of blind children so that they may observe more

intelligently their programs in their own states. In so doing, they are not only becoming better citizens, but they are also showing more interest in one small group of handicapped children.

The education of blind children in a residential school for the blind is the oldest type of program known and it is still responsible for the education of the greatest number of children. These schools have changed greatly in that they have secured in most states much more functional and attractive physical plants. Most of them have met the educational requirements set forth in their states as applied to public schools, and some of them have far surpassed the minimum requirement. Their problems, as in the case of all schools, are mainly in their crowded conditions and in their difficulty in securing qualified personnel. Most of these schools are state supported, and their teachers are asked to meet the same requirements as set forth for all other schools with additional certification in the area of special education which they represent.

This education of blind children set up in a residential school for the blind was oriented largely on the theory that bringing these children together at one school would provide a more intensive and complete educational program, and also would make possible more equipment used by a greater number of children. It was also felt that the entire program would be administratively easier to conduct. There were sociologic problems which were not considered at first. They are, however, recognized by many of the heads of these institutions and there are serious efforts on the part of many of the schools to try to enrich the programs by providing contacts outside the school where blind children might participate more effectively with sighted children, where community experiences might contribute to the school program, and where sighted chil-

dren might be invited to the school for more frequent participation. Of great importance, the schools are recognizing the significance of more constructive home and school relations, and the children in many places are being encouraged to return to their homes more frequently on visits, and their parents are asked to visit their children at the school more often. More of the teachers and other professional workers are asked to take advantage of additional professional preparation courses specifically affecting the education of blind children, and some workshops and conferences are conducted for house parents and teachers on the campuses of some of the schools.

Perhaps some of the greatest problems have come from the increased enrollments and the increased costs of qualified personnel and of maintaining the institutions. Perhaps due to all this, there is greater need than ever before to clarify the functions of these schools, to determine which children, on the basis of all information individually appraised, need the school, and make it possible for these children and their families to take advantage of the school program.

The second largest number of children, and this number by no means approaches the number served in the schools for the blind, is found in the specialized programs in the public schools. In this program, one teacher is assigned to one school system and the children in a locality are transported to this particular program for blind children. This pattern is growing today with the increased desire on the part of parents to want their children to remain in their own communities and with the growth of special education programs in the various cities in the United States. There is an attempt to serve more handicapped children of varying types.

As this program was originally set up

around the turn of the century, it was quite protective of the children and it meant that the blind boys and girls assigned to the special room, or "braille class" as it was most frequently called, were too often limited to the contact with one teacher in their entire program. If they were given the opportunity to participate with the sighted children, it was for a very short time, and the children were more apt to be looked upon as visitors in the regular classes than participants.

As this program was originally conceived, it represented a better sociologic approach in which contacts with sighted children could be achieved as a preparation for more complete and comfortable integration in their communities. It was very difficult at first to achieve a complete educational program, including all of the areas involving laboratory subjects and those which require more individual help from the regular teacher, such as physical education, industrial education, arts and crafts. The improvements in the specialized program for blind children in the public schools have come about because of the ability to achieve more interpretation with the teachers in the regular classrooms, and to secure more opportunities for the children in all types of different classroom situations.

The older type of program which still exists in some places is likely to be the "special room," the "braille class," where the "cooperative plan" as it is called, is practiced. In this plan the teacher of the blind children does most of the planning and much of the scheduling of the activities of the blind child who goes out to the regular classes. The more recent program is often referred to as the "resource room" where the blind child is enrolled in the regular class, and returns to the specialist teacher for help when he needs it. This resource teacher is one who is available

to the other teachers who have blind children in their classes; she prepares comparable text and reference materials in braille for the blind children; and she actually teaches the blind children certain skills and counsels them as often as their needs for this help require her service.

In cities where funds have been insufficient, it has been difficult to provide material and equipment in large enough quantity for the use of the small number of blind children in such a program. In some of these cities, volunteer braillists and disc and tape recorders have contributed valuable service to blind children who otherwise would have been without books and other references necessary in their school program.

The "itinerant" plan of educating blind children is the newest pattern, and exists particularly in a few large rural states, in other larger states and cities where older blind children can function with greater independence, and in some states where there is sufficient staff at state level to provide a continuing and rather definitely scheduled service for the families and schools. This pattern makes it possible for an occasional blind child to remain in his own school district with certain necessary services brought to him by qualified teachers or consultants. This system has occurred where there was not a sufficient number of pupils to justify the expense of hiring a teacher and setting up a specialized program or resource room in a specific school. It has also been in existence for some time in the case of high school blind pupils who have returned to their homes either from the residential school for the blind, or who have moved from a city that had a program to a locality which could not offer such a service.

This program is really quite new, and for that reason it is considered to be one which should be set up only when there is professional assistance available, and where there is continued evaluation and

follow-up in order to determine whether or not sufficient help is available. It certainly does demand greater independent functioning for the blind child and expects more help of his family. For certain children, however, it has worked successfully, particularly when they know their braille skills and are able to interpret to a greater extent their educational needs, and when they are able to direct their reader service and seek guidance and counseling service as needed.

The problems and scope of this program are not really very well known, and we do little more than recognize its existence in many places. We know, however, that where it is constructively set up, it works well for older children, but for elementary children it must be considered with greatest care by those responsible for it. The greatest value lies in its possible complete integration of the blind child who is able to follow this program and his greater independence. It is unfortunate, however, that it most frequently is developed without enough help simply because parents are unable to locate another satisfactory service.

It seems most significant in the education of blind children that all people recognize that we have need for all three of the patterns of education that have been described, and that in order to meet individual needs of the children and their families, variations in the patterns must be made in the interest of a flexible and appropriate education for each child. If we can bring about more cooperation of specialists representing the different types of programs, and if we can become more skillful in our interpretation to others in both educational and social organizations, we may arrive at a time when all of our energy can be devoted to the best interest of blind children rather than to our own problems in feeling that we must justify one plan against another.

On the Basis of Trends We Observe the Future

Professional people who have worked in the area of the education of blind children for the past 15 years have learned many things, and should have gained great inspiration to enable them to face the future with some competence as well as some careful reflections on the contributions of the past. Perhaps due to the increased numbers, or the more effective case finding in some areas, many opportunities for effective service have presented themselves. As one attempts to list the professional gains for blind children in the future, it is only natural to recognize a sharp reminder that they were born of tragedy, not of our choosing but in our society. We, therefore, recognize the implications of blindness as they may affect each individual, his family, and the citizens with whom he lives and works each day. If, however, we would plan more constructive programs for these blind children, we can develop a more positive approach to each blind individual, permitting him to show us what he can do by providing an environment which is real for him and which we accept because he understands and appreciates it. We would, therefore, attempt to free blind individuals from many of the generalizations of the past.

The gains listed here are making their appearance in various sections of the country:

Research affecting blind children, with some results already available and other unpublished studies quite promising in their future contributions are difficult to overestimate as they may affect future planning. Eye research is always of greatest concern to both professional and lay people, and we can feel proud of the efforts both in ophthalmology and other medical areas. We also can observe with pride the information concerning prevention and public education. Perhaps future research in developing more effective attitudes in all people in regard to prevention and un-

derstanding of the importance of the use of the eyes will be forthcoming.

The important sociologic and psychologic research has been most productive. Some very effective work has been done in parent-child relations. The implications of this work should contribute richly to our future educational programs. Likewise, research concerning adjustment to blindness and attitudes toward blindness have been undertaken in the past few years with a great deal more interest. Other research is under way in the possibilities of bringing about significant changes in attitudes through more effective information sharing technics. Clinical psychology will continue to contribute much in its carefully set up studies of individual and group therapy with blind children and their parents. Psychiatry also has shown much more interest, and with so many more blind individuals receiving help from psychiatrists, surely we can learn much more concerning the emotional needs of children who are blind. Sociology is also a rich source of more contributions in the future, affecting blind individuals and their effective relationships in society.

Teacher preparation facilities are improving throughout the country. Because the number of teachers of blind children will always be small as seen in the total population of teachers, there will never be a need for a great many teacher preparation centers, but this fact makes it even more important that these few centers become outstanding. Also, it is especially interesting to know that the departments for the education of exceptional children are accepting more responsibility for the planning of constructive courses in colleges and universities. Scientific studies are under way at the present time which should help evaluate and set up courses in the education of blind children as is true in all other areas of the education of exceptional children.

More cooperative planning in the interest of screening, case finding, evaluation and effective placement is being accomplished in some states. By pooling efforts and clarifying services more blind children can be helped. This type of pooling of resources should certainly make more effective treatment of children with multiple handicaps. It should also make it possible to secure an educational program for each child based upon his needs and potentialities as well as a shift from one type of program to another when the child's needs or his family situation may change.

The establishment of more preschool programs for blind children in the different large cities and states throughout the country represents perhaps the greatest single step in more

effective educational planning in behalf of all blind children. Our organization was privileged to call two national meetings dealing with the preschool blind child, and has since continued to try to serve as a clearing house for information in this area. The foundation continues to make the service of a full-time consultant in this important preschool area available to schools, agencies, hospitals, as well as parents' groups, when their requests can be met in a rather heavy schedule.

There is evidence of an increased desire to serve blind children and their families expressed by general health and welfare agencies. The type of letters which we have been receiving have contained questions that ask for more information on ways of meeting the needs of these families. Often the public health nurse, the social worker in a rural area, or the family physician may be the first person to attempt to talk with the parents after they become aware of their problem. Frequently, it is the manner in which the nurse, social worker, or physician talks with these parents that influences their desire to seek and take advantage of specialized help. Through the orientation of the people in general agencies, all blind individuals should receive a much better service because they do not have to wait so long for help. We have known too many cases in the past where the time lag was much too long for the stability of the families before a specialized worker was able to get into the home. Often, too, the help that was really needed was supportive in nature rather than informative. The general worker can contribute much to the families, and on that basis can interpret much that is constructive for the specialized worker where the state provides this service. The orientation needed by these workers is largely in their attitudes, and in their knowledge of what is good for all

children. Many general and specific local agencies are setting up directories of services, and can be of great help to these workers in rural areas, and certainly private organizations such as the American Foundation for the Blind can refer any worker to an appropriate source for information, or to an agency which can offer help in the local area where the family lives.

Finally, blind children will be the best ambassadors in the future as they have been in the past. We find over and over again that where people in general education have been permitted to know blind children in regular public schools they have learned to think of them as individuals. We also find blind graduates of residential schools who have moved out into society as efficient adults and have become active citizens in their communities. Perhaps the largest contribution of the present can be found in the parents who, when they are given sufficient help as soon as they need it, are showing that they are capable of accepting and understanding their children. Our final question is: Can we, the professional people, work with the parents and their children in a manner which truly pools our resources in behalf of blind children? In so doing, we contribute to a rich educational program which meets each child where he is and thinks of him as a part of a family unit and a participating member of society.